UTAH DIGITAL HEALTH SERVICE COMMISSION MEETING

Thursday, September 5, 2019, 10:00 AM – 12:00 PM MDT

Utah Department of Health
288 North 1460 West, Room 128
Salt Lake City, Utah

Minutes

Members Present: Todd Bailey, Patricia Henrie Barrus (online), Henry Gardner, Craig Herzog, Ken Schaecher (online), Preston Marx (online), Randall Rupper (chair), Sarah Woolsey

Members Absent: Peter Hannon, Mark Dalley, Teresa Rivera

Staff Members: Navina Forsythe (UDOH), Kailah Davis (UDOH), Humaira Lewon (UDOH)

Guests: Jon White, Matt Hoffman, Valli Chidambaram, Zubin Kahn, Mark Babitz, Sid Thornton (online)

1. Welcome and Introduction /Call to Order:
Rand welcomed everyone at 10:06 AM and there were brief introductions.

2. Approval of Minutes
MOTION 1: The motion for approval for July 2019 minutes was made by Todd Bailey at 10:12am, Henry Gardner seconded. All voted in favor.

Action Items: None

3. Discussion Items
a. <u>Election of Chair-elect</u>
Randall explained the process for electing a chair-elect. He noted that the chair-elect would be the chairperson starting September 2020 and will lead the executive committee. There was one candidate nominated to be the chair-elect, Mark Dalley. Randall mentioned that Mark has some concerns about being rural; however, commissioners and the Department of Health staff believe that concern is not an issue. Commissioners proceeded to vote for the chair-elect.

Action Items: None

b. <u>UHIN Updates</u>
Matt Hoffman, the Chief Medical Informatics Officer at the Utah Health Information Network (UHIN), told the commissioners that Teresa Rivera is no longer with UHIN and Brian Chin is the interim CEO. Also, Andrew, Brian, and Matt are currently running the day-to-day operations.

Navina highlighted that with Teresa's departure, the UDHSC is now soliciting nominations to fill the vacant HIT professional member (this member represents information technology professionals involved in digital health service). Navina noted that Matt Hoffman from UHIN was nominated, but the Governor's office prefers when more than one nomination is invited to apply.

Action Item #1:   Email nominations to Navina.

c. **Office of National Coordinator (ONC) Efforts and Federal Long Term View on Interoperability**

Randall introduced Jon White, who is the Associate Chief of Staff of Research at the Veterans Administration Salt Lake City Health Care System, and noted that the interoperability roadmap developed by ONC can provide great insight to Utah's State HIT plan. During Jon White's presentation, the following were highlighted about ONC:

Rulemaking Process
i. ONC is responsible for proposed regulations and the trusted exchange network, which is not regulated.
ii. ONC has one regulatory authority which is regulating the certification process of Electronic Health Records (EHRs); the 21st Century Cures Act expanded this regulatory authority.
iii. ONC rulemaking process involves:
- The creation of a draft rule, disseminating the draft rule to specific agencies in HHS such as CDC
- Adjudication of the draft rule
- Dissemination of the adjudicated rule to other HHS agencies
- Second adjudication of the rule then submission to the Office of Management and Budget (OMB) for review.
- After approval by OMV, the rule is published to the public.
iv. The ONC rulemaking process has less time pressure than other federal rules such as CMS payment rules. As a result, it takes longer for ONC to pass a rule.

The 21st Century Cures Act
v. The Cures Act builds on the 2015 Edition of ONC's health IT certification criteria by including the removal of a number of criteria, revisions to existing criteria, and the addition of several new criteria. Specifically, the new editions of the certification criteria include:
- Removal of the "Common Clinical Data Set" (CCDS) definition and its references from the 2015 Edition, and replace it with the "United States Core Data for Interoperability" (USCDI) standard. USCDI factors into a trusted exchange framework.
- Addition of an Electronic Health Information (EHI) export criteria. EHI export file should be computable.
- The development of modern APIs that do not require "special effort" to access and use. The Cures Act stipulates that APIs would need to meet certain technical requirements, such as the use of Health Level 7 (HL7) Fast Healthcare

Interoperability Resources (FHIR) standards and specifications. ONC also proposed several privacy and security requirements for APIs, such as allowing patients to limit the data they authorize the APIs to access.

- After certification, the certification must be maintained. There are seven Conditions of Certification with accompanying Maintenance of Certification Requirements (see slides-page 8). Jon specifically highlighted information blocking and real work testing.
  - Real-world testing: historically developers participate in vitro testing with limited in vivo testing. In the Cures Act, Congress and ONC strongly supported the addition of real-world testing.
  - Information Block: the concept was introduced after Congress heard that either HIT developers were making it interoperability difficult due to technical or business model reasons, or providers were making it challenging for people to access their electronic medical records. The Cures Act tries to address this issue; there is a section in the Act that discusses what information blocking is NOT, such as patient safety. Once the rule is finalized, the inspector general will be responsible for deciding whether to investigate complaints of information blocking, an organization can be fined up to 1 million. The actors regulated by information blocking were highlighted (see slides-page 28).
- The Cures Act does not require compliance/participating in the TEFCA.

vi. *Trusted Exchange Framework and Common Agreement (TEFCA)*
  - Jon reviewed the TEFCA information and explained that TEFCA is a common agreement for the use of data, and provides structure for overseeing and administering policies for interoperability. ONC either "blesses" trusted exchange network or create its own. Jon noted that ONC would probably not regulate trusted networks but will reference it in other rules.
  - The overall goal of TEFCA is to ensure that HIEs and networks are engaged at the community level to increase the sharing of electronic health information to a national level.
  - Jon is of the opinion that for TEFCA to work an organization should govern it, however, ONC does not want to govern TEFCA. In addition, ONC only has statutory authority to regulate the certification of HIT (technical infrastructure), ONC does not have the authority to regulate HIEs.
  - The Sequoia Project was awarded a Cooperative agreement by ONC to coordinate the trusted exchange network.

vii. Wrap up
  - Jon noted that the ONC process changes rapidly and the information he provided is based on when he was the Deputy National Coordinator for Health IT at the ONC (Jon left that position about 2 months before presenting to the UDHSC).

Action Item #3: Email links related to Cures Act and TEFCA.

d. **Strategic HIT Plan Dashboard Updates**
Jon White's Opinion
Jon noted that Utah's HIT Plan is "[going] in the right direction." He also pointed out that all the acts and rules discussed in 3c will have an impact on the projects in the HIT plan. Sarah highlighted that the UDHSC needs to continue improving interoperability in Utah, ensure systems are interoperable, and that population data are being used for decision making; all three will require a strong HIE. Jon agreed with Sarah and provided more insight on the new rules, specifically noting the new ONC and CMS rules will change how health systems and HIEs operated. Therefore, the UDHSC needs to assess how the new rules will impact the HIT plan.

Other Dashboard Discussion
- Navina reviewed the updated HIT Plan; the HIT plan was approved during the July 2019 UDHSC meeting.
- Sarah highlighted that some measures in the dashboard are based on SIM objectives, which are old, and the new projects in the HIT plan should be included in the dashboard.
- The purpose of the dashboard was discussed and Navina noted that it is more for tracking and reporting.
- Sarah and Henry suggested that the commissioners review the dashboard measures to ascertain that the UDHSC is tracking relevant measures that align with the HIT plan. One commissioner noted that the focus should be on the "Below average of the physician-related metrics."
- Sarah suggested assigning areas of the HIT plan to commissioners who can review and identify potential measures for the dashboard. Randal will assign these sections and let commissioners know.

Action Item #4: Navina will work with the commissioners to identify measures that should be removed from the dashboard.

Action Item #5: Randal will assign areas of the HIT plans to commissioners.

Action Item #6: Commissioners are tasked to review the assigned area and identify new measures that the UDHSC should track/monitor. Sarah suggested that Commissioners should include suggested metrics and the importance of the measure.

e. **UDHSC – Review of Purpose – Are we doing enough?**
  i. Preston suggested that commissioners can be a liaison between health care entities, the federal government, and state government. Sarah asked if people out the Commission need to that liaison; however, the other commissioner felt that the UDHSC members represent a diverse group. Preston suggested that UDHSC solicit opinions from the HIT community in Utah to get input on HIT projects that are not progressing and how can the UDHSC help. Sarah agreed and stated that the UDHSC can be a "starting gate" for new projects.
  ii. Commissioners agreed that the UDHSC should focus on bringing people together,

identifying barriers, and working with the HIT community to address their needs and barriers. Preston noted that commissioners should ascertain that they follow up with HIT community members to ensure progress.

   iii.   Navina noted that the model of bringing folks in areas of expertise will help with moving projects forward.

   iv.   Commissioners discussed potential topics for next year (2021). Potential topics discussed were:

        a. CancelRx (revisit this topic when this functionality is used by more commercial entities)

        b. Behavioral health

        c. Home health

        d. API use in Utah

        e. The CARIN Alliance

        f. Consumer Informatics (helping consumers understand health applications and use, as well as the security and privacy concerns of using the mHelath apps)

        g. FQHCS (format of sharing information to the CHIE)

        h. Interoperability In Utah (can be a topic or a theme for several meetings)

   v.   Randall stated that commissioners should take on the "navigate/mentoring role" to help groups progress.

   vi.   Navina suggested that the UDHSC creates a communication tool to get more entities to adopt the State HIT plan.

Action Item: None.

    f. **New Members Follow up and Election result for Chair-elect**

     i.   Navina is working with the executive committee on filling the different vacant commission roles.

     ii.   Randall announced that Mark Dalley was elected as the next chair-elect.

Action Items: None

4. Informational Items

    a. It was Craig Herzog's last meeting.

5. Wrap Up and Next Steps

MOTION 1: Having no other business, the meeting to adjourn at 12:07 pm.

The next DHSC meeting is scheduled for Thursday, November 7, 2019 from 10:00 am to 12:00 pm.